

CALISTA CORPORATION DIVIDEND CHECK DIRECT DEPOSIT APPLICATION



CALISTA CORPORATION
www.calistacorp.com

1 SHAREHOLDER INFORMATION
First name _____ Middle _____ Last _____ Suffix _____

Street or P.O. Box _____

Community _____ State _____ Zip _____

Check box if this is an address change

Last four digits of Shareholder's Social Security number: ____ | ____ | ____ | ____

OR Shareholder's Year of Birth: ____ | ____ | ____ | ____

Phone: _____ - _____ - _____ Email: _____

2 ACCOUNT INFORMATION
Please note, if the Shareholder listed above is NOT named on the account provided, the bank or credit union may refuse the deposit.

Check one: New Updated Information

Check one: Checking Account Savings Account

Bank or Credit Union Name: _____

Routing Number: ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

(A nine-digit sequence that is the first series of numbers at the bottom of your checks)

Account Number: ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

(The second series of numbers at the bottom of your checks)

3 AUTHORIZATION
I hereby authorize Calista Corporation to initiate credits (and/or to reverse or correct any credit entries made in error) to the account at the financial institution indicated on this form. The institution is hereby authorized to credit (and/or reverse or correct) the amounts to my account. This authorization is to remain in full force and effect until I cancel or change it with a signed, written request to Calista Corporation, attn: Shareholder Records. I understand that if I fail to keep my address updated with Calista Corporation, my direct deposit may be canceled. Calista Corporation reserves the right to discontinue direct deposit payments at any time and for any reason.

Signature _____ Date _____

If signing on behalf of someone else, please provide the following information about the person who signed:

Printed name of person who signed _____

Relationship to the direct deposit applicant _____
(parent/guardian/custodian/conservator)

4 FOR VERIFICATION ENCLOSE A VOIDED CHECK OR A BLANK DEPOSIT SLIP.

Mail Completed Form To: Calista Corporation
Attn: Shareholder Records
5015 Business Park Blvd., Suite 3000
Anchorage, AK 99503

Or Fax to: 1-907-275-2922 (Secure)
And Confirm Receipt of Fax by calling Calista
Shareholder Records at 1-800-277-5516
In Anchorage: 275-2800

FOR OFFICE USE ONLY

v2Sept16

Shareholder Enrollment # 03- _____ Hold Codes? N/Y If yes, list _____

Entered by: _____ Date: _____ Verified by: _____ Date: _____

CALISTA CORPORATION DIVIDEND CHECK DIRECT DEPOSIT INSTRUCTIONS



CALISTA CORPORATION
www.calistacorp.com

INSTRUCTIONS TO DIRECT DEPOSIT YOUR CALISTA CORPORATION DIVIDEND CHECK

Please complete one application for each Shareholder applying for direct deposit.

1 COMPLETE SHAREHOLDER INFORMATION

- a. Shareholder's first name, middle, last and suffix (Jr., Sr., III, etc.).
- b. Shareholder's mailing address; check box if this is a new address.
- c. Last four digits of Shareholder's social security number or year of birth (we need this information to help ensure we update the correct Shareholder record).
- d. Shareholder's phone number (in case we have questions about the application).
- e. Shareholder's email address.

2 COMPLETE ACCOUNT INFORMATION

- a. Check box for New or Updated Information.
- b. Check box for Checking or Savings account.
- c. Print the bank's or credit union's name.
- d. Print the bank's or credit union's routing number. **This is a nine-digit number that banks and credit unions use. It is the first series of numbers listed at the bottom of checks. You may also call the bank or credit union to obtain the routing number.**
- e. Print the bank or credit union account number. This is the second series of numbers listed on the bottom of checks. (Do not include the check number.)
- f. If depositing another person's dividend into your account, your bank or credit union may reject these deposits if that person's name is not on your account. Please contact your bank or credit union to verify that it will accept the deposit of that person's dividend into your account.

3 AUTHORIZATION & SIGNATURE

- a. Please read the authorization before signing.
- b. Please sign and date the application. We cannot process applications that are not signed and dated.
- c. If you are signing this form for someone else, please provide your name and list your relationship to the Shareholder. **Only parents, custodians, guardians and conservators may sign direct deposit applications for persons under their care.**

4 ENCLOSE A VOIDED CHECK OR BLANK DEPOSIT SLIP

- a. Enclose a voided check or blank deposit slip that includes your name and account information. This is to verify the account information on your application.

5 CANCELING DIRECT DEPOSIT

- a. **If for any reason you wish to cancel direct deposit, you must send a signed, written request at least 60 days prior to the next distribution date.**
- b. If a dividend is direct deposited and returned from a bank or credit union because an account is no longer open, a check will be issued and mailed to you only if your address on file at Calista is current.

6 DIRECT DEPOSIT

- a. Direct deposit will only take place on dates of distributions to Shareholders. Shareholders with distribution hold codes (IRS withholding, child support, etc.) will be issued checks that will be mailed to the appropriate entity.
- b. **If you fax your application, please call the Shareholder Records department after you fax the completed form to confirm it was received.**